

RECEIVED
CENTRAL FAX CENTER
DEC 09 2004

Howard Eisenberg, Esq.

PATENT ATTORNEY
2206 Applewood Court
Perkasie, Pennsylvania 18944
(215) 453-9237
Fax: (215) 701-0803
patents@howardeisenberg.com

FAX COVER SHEET

FAX NUMBER TRANSMITTED TO: (703) 872-9306

To: US Patent and Trademark Office
From: Howard Eisenberg
Serial No.: 09/614,790
Inventor(s): Sharon F. Kleyne
Title: METHOD AND KIT FOR MOISTURIZING THE SURFACE OF THE EYE
Filed: July 12, 2000
Atty No.: HME/7982.0001
Date: December 9, 2004

DOCUMENTS	NUMBER OF PAGES*
Transmittal Form	One
Fee Transmittal Form (no fee attached)	One
Amendment	Seventeen
Attachment to Amendment	Two

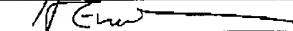
* NOT COUNTING COVER SHEET. IF YOU DO NOT RECEIVE ALL PAGES, PLEASE TELEPHONE US IMMEDIATELY AT (215) 453-9237.

DEC 09 2004

TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>		Application Number	09/614,790
		Filing Date	July 12, 2000
		First Named Inventor	Sharon F. Kleyne
		Art Unit	1617
		Examiner Name	Wang, Shengjun
		Total Number of Pages in this Submission	21

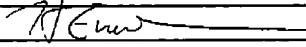
ENCLOSURES (check all that apply)			
<input checked="" type="checkbox"/> Fee transmittal form <input type="checkbox"/> Fee attached <input checked="" type="checkbox"/> Amendment <input type="checkbox"/> After Final/ Response <input type="checkbox"/> Affidavits/Declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified copy of Priority Documents <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts Under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing Related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation, Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CS(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Additional Enclosures (please identify below)	

SIGNATURE OF APPLICANT, ATTORNEY OR AGENT

Firm or Individual Name	Howard Eisenberg, Esq. 2205 Applewood Court Perkasie, Pennsylvania 18944		
Signature			
Typed or Printed Name	Howard Eisenberg		
Date	December 9, 2004	Reg. No.	36,789

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:

Signature	
Typed or Printed Name	Howard Eisenberg
Date	December 9, 2004

FEE TRANSMITTAL for FY 2005

Effective 10/01/2004. Patent fees are subject to annual revision.

 Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT

\$0

Complete if Known

Application Number	09/614,790
Filing Date	July 12, 2000
First Named Inventor	Sharon F. Kleyne
Examiner Name	Wang, Shengjun

Art Unit

1617

Attorney Docket No.

HME/7882.0001

METHOD OF PAYMENT (check all that apply)

 Check Credit Card Money Order Other None Deposit Account

Deposit Account Number

50-1773

Deposit Account Name

Howard Eisenberg

The Commissioner is authorized to: (check all that apply)

Charge fees indicated below Credit any overpayments
 Charge any additional fee(s) during the pendency of this application
 Charge any fee(s) indicated below, except for the filing fee to the above-identified deposit account.

FEE CALCULATION (continued)

3. ADDITIONAL FEES

Large Entity Small Entity

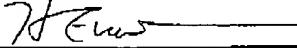
Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	Fee Paid
1051	130	2051	65	Surcharge - late filing fee or cash	
1052	50	2052	25	Surcharge-late provisional filing fee or cover sheet	
1053	130	1053	130	Non-English specification	
1812	2,520	1812	2,520	For filing a request for ex parte reexamination	
1804	920*	1804	920*	Requesting publication of SIR prior to Examiner action	
1805	1,840*	1805	1,840*	Requesting publication of SIR after Examiner action	
1251	110	2251	55	Extension for reply within first month	
1252	430	2252	215	Extension for reply within second month	
1253	950	2253	490	Extension for reply within third month	
1254	1,530	2254	765	Extension for reply within fourth month	
1255	2,080	2255	1,040	Extension for reply within fifth month	
1401	340	2401	170	Notice of Appeal	
1402	340	2402	170	Filing a brief in support of an appeal	
1403	360	2403	150	Request for oral hearing	
1451	1,510	1451	1,510	Petition to institute a public use proceeding	
1452	110	2452	55	Petition to revive - unavoidable	
1453	1,370	2453	685	Petition to revive - unintentional	
1501	1,370	2501	685	Utility issue fee (or reissue)	
1502	490	2502	245	Design issue fee	
1503	660	2503	330	Plant issue fee	
Total Claims	22	- 43	= 0	Fee from below	
Indep. Claims	4	- 5	= 0	Fee Paid	
Multiple Dependent:					
Large Entity	<u>Small Entity</u>	Fee Description			
Fee Code	Fee (\$)	Fee Code	Fee (\$)		
1202	18	2202	9	Claims in excess of 20	
1201	88	2201	44	Independent claims in excess of 3	
1203	300	2203	150	Multiple dependent claim, if not paid	
1204	88	2204	44	**Reissue independent claims over original patent	
1205	18	2205	9	**Reissue claims in excess of 20 and over original patent	
SUBTOTAL (2)				\$0	

**or number of previously paid, if greater. For reissues, see above.

* Reduced by Basic Filing Fee Paid SUBTOTAL (3) \$0

SUBMITTED BY

Complete if applicable

Name (print type)	Howard Eisenberg, Esq.	Registration No.	36,789	Telephone	(215) 453-8237
Signature		Date	December 8, 2004		